

# Trauma and Burn Protocol: Changes and Highlights

an  
ICEMA Continuing Education Offering

# Objectives

- By the end of this module EMT's, paramedics and nurses will:
  - Understand and implement the changes in the Trauma and Burn Policy and Protocols.

# Trauma Protocols

A summary of changes and highlights...

# *Trauma Triage Criteria & Destination Policy*

Reference # 15030

- ❖ Burn patients with associated trauma should be transported to *closest trauma center*.

*Remember...*

*"Trauma trumps burn."*

# *Trauma –Adult*

Reference # 15010

## ❖ *Unmanageable airway*--clarifications:

- Transport to closest receiving hospital and implement *Continuation of Trauma Care* Protocol if:
  - ✓ An adequate airway cannot be maintained by BVM
  - ✓ Unable to intubate
  - ✓ Unable to perform a successful needle cricothyrotomy, if indicated

# *Trauma –Adult con't.*

Reference # 15010



## ❖ Ondasteron (Zofran)

- Consider Zofran for the prophylactic treatment of nausea and vomiting associated with narcotic administration

# *Trauma - Pediatrics con't.*

Reference # 15020

## ❖ *Unmanageable airway*--clarifications:

- Transport to closest receiving hospital and implement *Continuation of Trauma Care* Protocol if:
  - ✓ An adequate airway cannot be maintained by BVM
  - ✓ Unable to intubate
  - ✓ Unable to perform a successful needle cricothyrotomy, if indicated.



# *Trauma - Pediatrics con't.*

Reference # 15020

## ❖ Ondasteron (Zofran)

- For patients 4 years old or older
- Consider Zofran for the prophylactic treatment of nausea and vomiting associated with narcotic administration





# Burn Protocols

A summary of changes...



# *Burn – Adults*

Reference # 11100

- ❖ Transport to the closest receiving hospital.



# *Burn – Adult con't.*

Reference # 11100

## ❖ *Airway Management:*

- ✓ Humidified O2
- ✓ Nebulized Albuterol with Atrovent
- ✓ Consider CPAP, with *base station contact*
- ✓ Intubate, if indicated



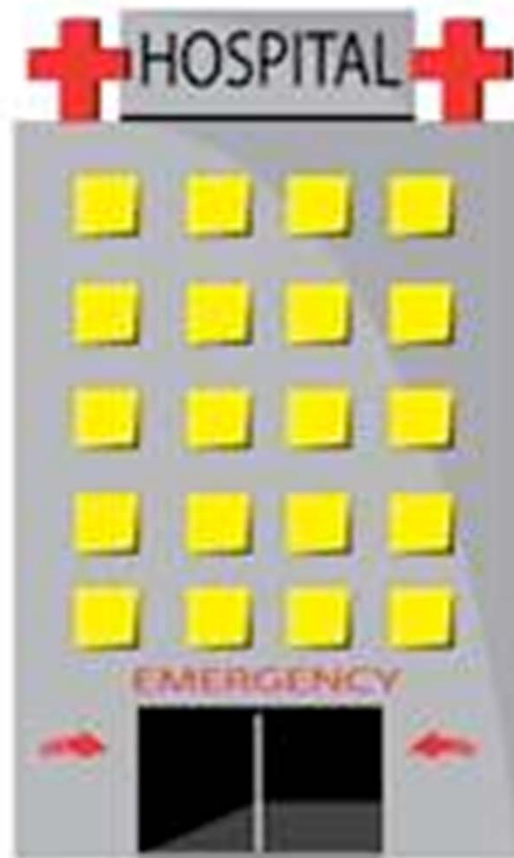
## ✧ **Nasal Tracheal Intubation is contraindicated** **for:**

- ✓ *Awake and breathing patients with facial / inhalation burns*

# *Burn – Pediatric*

Reference # 14070

- ❖ Transport to the closest receiving hospital.



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# Questions?

## REFERENCES:

Inland Counties Emergency Medical Agency, EMS Policies and Protocols,

[http://www.sbcounty.gov/icema/mes\\_policy\\_manual.aspx](http://www.sbcounty.gov/icema/mes_policy_manual.aspx)

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# Trauma & Burn Protocol: Changes and Highlights

## Post-Test

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### SCENARIO I

A 35-year-old male is extricated out of a burning vehicle. He has sustained 2<sup>nd</sup> and 3<sup>rd</sup> degree burns to his arms and hands, complaining of lower abdominal pain with rigidity and has a left femur deformity. Currently, he is awake, oriented and has *no* respiratory compromise. The ETA to Trauma Center A is 15 minutes away. The ETA to Burn Center B is 30 minutes away.

1. Where will you transport this trauma patient?
  - a. Neither, this patient needs to go to the closest paramedic receiving hospital
  - b. Burn Center B
  - c. Trauma Center A
2. This patient complains of 10/10 pain, the paramedic administers Morphine. Can the paramedic administer Ondasteron (Zofran) for the prophylactic treatment of nausea and vomiting?
  - a. Yes
  - b. No
3. The correct dose of Ondasteron for this patient is:
  - a. Ondasteron 10mg slow IV push
  - b. Ondasteron 4mg slow IV push
  - c. Ondasteron 2 mg slow IV push. May repeat 2 times

### SCENARIO II

You respond to a residence with 35-year-old male screaming in the backyard. Upon assessment you determine that this patient was deep-frying a turkey and scalded his both hands, arms and legs with the hot splattering oil. He has 1<sup>st</sup> and 2<sup>nd</sup> degree burns. The ETA to Burn Center X is 20 minutes away. The ETA to the closest paramedic receiving Hospital Y is 5 minutes away.

4. Where will you transport this patient?
  - a. Hospital Y
  - b. Burn Center X
  - c. Neither, this patient may have sustained a head injury and will need to be transported to a trauma center

# Trauma & Burn Protocol: Changes and Highlights

## Post-Test

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### SCENARIO III

A patient is noted to have facial and inhalation burns. He is awake, but growing tired and his respiratory rate is steadily decreasing. The *paramedic* is the only person in the back of the ambulance with this patient:

5. The recommended intervention for this patient is to perform a nasal tracheal intubation.
  - a. True
  - b. False
6. The recommended intervention for this patient is:
  - a. Immediately perform a needle cricothyrotomy
  - b. Humidified O<sub>2</sub>, nebulized Albuterol & Atrovent, BVM
  - c. Sedate and intubate patient
7. The paramedic is considering CPAP for this patient. The paramedic must contact the base station.
  - a. True
  - b. False

### SCENARIO IV

You are at a high altitude ski resort, a 6-year-old, on a snowboard for the first time is on the slope clutching her wrist. Vital signs are stable. Pain scale 10/10 and crying.

8. The wrist is splinted, iced, elevated and an IV is started. The paramedic then:
  - a. Administers O<sub>2</sub>
  - b. Walks the patient to the ambulance and transports to the closest paramedic receiving hospital
  - c. Administers Morphine, Zofran and NS Bolus
9. When administering Zofran consider cardiac monitoring.
  - a. True
  - b. False